

Everyone talks about health care ... But what's to be done about it?

By Mike Dennison - 01/15/07 (Helena Independent Record)

House Majority Leader Michael Lange says ask any legislator the problem they hear about the most from constituents, and it's usually one thing: Health care costs.

"If this was 'Family Feud,' it would be the No. 1 answer: Health care," he says, referring to the TV game show with answers culled from public polling.

But when it comes to deciding how the 2007 Legislature may tackle this thorny problem, there's no clear answer.

In fact, even those carrying key health-care bills say they don't see any bold, sweeping state initiatives on health care in Montana this year.

Gov. Brian Schweitzer isn't calling for plans to cover all state citizens, as is California Gov. Arnold Schwarzenegger, and lawmakers here often say it's up to the U.S. Congress to enact widespread reform.

Still, there's no shortage of proposals — or of desire to help make health care more affordable and accessible for Montanans.

With \$1 billion budget surplus at the state's disposal, lawmakers say there's no excuse not to address health care.

"We're going to have to work super-hard, but we're going to get something for people," says Rep. Mary Caferro, D-Helena. "Our constituents want us to do something."

Proposals before the session include income-tax credits to help businesses and individuals buy health insurance; expanded government coverage, like the Children's Health Insurance Program (CHIP); beefing up community health clinics; and insurance reform that could create larger "risk pools" of insured people.

Rep. Brady Wiseman, D-Bozeman, even has a proposal to study a "single-payer" health care system for Montana, where one entity covers all citizens and pays the bills.

"We're not talking about socialized medicine," he says. "We're talking about one payer, that could be the government or (someone else). A single-payer system is by far, hands down, the most efficient system."

Lawmakers with health-care solutions in their sights agree on the problem: Too many Montanans are without health insurance or access to affordable health care.

About 175,000 Montanans, or nearly 19 percent of the state's population, have no health insurance — one of the highest rates in the country. Some who have health insurance still have trouble affording it or paying for health care, because of high "deductibles" on their policy.

Lange, a Republican from Billings, wants to attack the problem with tax credits. He is sponsoring House Bill 270, which gives moderate- and low-income families a state income-tax credit of up to \$1,000 to cover health insurance or medical costs.

The bill also includes tax credits for small businesses that buy new policies to cover their workers.

Lange is waiting for an analysis on how much HB270 may cost the state treasury, but says he's flexible on the size of the tax credits and who will be eligible.

"This is not the end-all of things that need to be done," he says. "But in the short term, you get more people covered and increase access to health care. The ultimate goal is to get more people covered so that health

care doesn't break them."

Gov. Brian Schweitzer's budget also includes about \$11 million a year for Insure Montana, a year-old program that provides tax credits and premium subsidies for small businesses that offer health insurance to workers.

The program has helped provide new insurance for about 3,700 people the past year, and is projected to add more this year.

State Auditor John Morrison, who helped design Insure Montana, said he hopes changes will be made by the Legislature to allow the program to get better rates and have its insured clients tap into the state "wellness program," which gives advice to state employees on how to stay healthy.

Lange says his bill would augment Insure Montana, offering tax credits to business that either cannot or don't want to take part in the program.

While Insure Montana and the tax-credit approach are popular among many lawmakers, some health-care advocates say it's an inefficient use of public money.

A better use of public dollars, they say, is expanding government-funded insurance, because it can cover more people at a lower per-person cost.

Caferro points out that expanding CHIP could cost the state only a few million dollars — if that — and cover thousands of additional children.

CHIP, funded by the state and federal government, currently covers about 13,100 kids from families with low and moderate incomes.

Caferro is preparing a bill that would cover all of Montana's approximately 37,000 uninsured children.

It uses CHIP and Medicaid, the state-federal program that pays health care costs for the poor.

She says the cost of her comprehensive program could be covered by higher gaming taxes, or other sources of money — which is in plentiful supply this session.

However, Caferro says she's not optimistic about the bill passing. She expects both Republicans and Gov. Brian Schweitzer will oppose it as too expensive and an unwanted expansion of government-funded health care.

A more politically palatable option may be a bill by Sen. Dan Weinberg, D-Whitefish, to allow as many as 2,700 more kids onto CHIP, by loosening the eligibility requirements. The cost of this bill is disputed, but, at most, it has a \$4 million price-tag for the next two years.

Caferro also is working on a proposal to require "community rating" by health insurers, meaning that insurance companies must offer the same rates to all customers, in one big pool. She doubts the idea will get far, but "I just think it's important that we talk about these things."

Tanya Ask, vice president of government affairs for Blue Cross/Blue Shield of Montana, says community rating may bring down rates for those considered to be a higher risk, but will raise rates for those who are a good health risk, such as younger people.

Blue Cross, the state's largest health insurer, will be supporting the Insure Montana program, with which it has a contract to provide insurance policies, she said.

The company also supports another less-talked-about approach that will get some attention this Legislature: Expanding community health clinics in Montana.

A bill is in the works to provide state money to expand these clinics, which serve mostly low-income citizens, and Rep. Diane Sands, D-Missoula, wants to study how the state can build on and improve its network of community and urban American Indian health clinics.

These clinics serve 100,000 people a year, providing front-end medical care to many people who have difficulty affording it, Sands says.

“Here’s a system that works pretty well,” she says. “So how do we build on it?”

Sands and other lawmakers say these proposals are “incremental,” and mainly nibble around the edges of a flawed system that should be addressed by Congress. Yet they say the state can’t just sit idly by and do nothing.

“The feds should be taking care of this and they aren’t,” says Lange, the House majority leader. “I am convinced that the governor will work with Republicans and Democrats to come up with some good options for health care.”